

DUE DATE:

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Elizabeth Neuman		2. PHONE NUMBER (212) 237-0171		3. DATE 9/9/2016	
4. FIRM NAME Vinson & Elkins LLP					
5. MAILING ADDRESS 666 Fifth Avenue, 26th Floor			6. CITY New York		7. STATE NY
8. ZIP CODE 10103					
9. CASE NUMBER 16-32488		10. JUDGE David Jones		DATES OF PROCEEDINGS	
				11. 9/6/2016	12. 9/8/2016
13. CASE NAME In re SandRidge Energy, Inc.			LOCATION OF PROCEEDINGS		
			14. Houston		
			15. STATE TX		
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify)	This is also an order for the entire proceeding on 9/9/16.
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Entire proceeding	
<input type="checkbox"/> BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	ESTIMATED COSTS
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14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/>	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		WORD INDEX <input type="checkbox"/>	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input checked="" type="checkbox"/>	
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		E-TRANS <input type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input type="checkbox"/>	

CERTIFICATION (19. & 20.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

E-MAIL ADDRESS

eneuman@velaw.com

19. SIGNATURE

/s/ Elizabeth Neuman

20. DATE 9/9/2016

**NOTE: IF ORDERING BOTH PAPER AND
ELECTRONIC COPIES, THERE WILL BE AN
ADDITIONAL CHARGE.**

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TRANSCRIPT RECEIVED			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	

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